

Abstracts

A319

parameters, occurrence of urinary tract infection (UTI), number of incontinence episodes, use of incontinence aids (e.g. absorbent pads, urinary reservoirs) frequency and number of outpatient consultations were collected by chart abstraction covering 12 months before and after first BTA therapy. **RESULTS:** Seven specialized hospitals enrolled 214 patients who received in total 418 BTA therapies between 2000 and 2006. Mean age was 38 years (SD 15), 68% were male. Seventy-seven percent suffered from NDO due to spinal cord injury, 14% due to spina bifida and 5% due to multiple sclerosis. Within 12 months 51% of patients received one BTA therapy, 41% two and 8% three BTA therapies. On average, time interval between BTA therapies was 8.0 months (SD 4.2). Within 12 months before first BTA therapy 63% of patients had incontinence episodes and 68% of patients UTI, after BTA therapy 28% and 33%, respectively. Incontinence aids were used by 58% of patients within 12 months before first BTA therapy and in 28% of patients after BTA therapy. In patients, who had used incontinence aids, mean cost per day and patient decreased from €2 (SD 2) to €1 (SD 2). Mean drug cost per patient to treat UTI within 12 months decreased from €163 (SD 242) before treatment to €80 (SD 142) after the start of BTA therapy. **CONCLUSION:** Presented data are the first data showing the clinical usefulness of botulinum toxin A under naturalistic conditions in Germany. Moreover, occurrence of incontinence and UTI was reduced resulting in lower cost for incontinence aids and UTI medication.

URINARY/KIDNEY—Methods and Concepts

PUK20

A COST EFFECTIVENESS ANALYSIS OF SOLIFENACIN COMPARED WITH EXTENDED-RELEASE TOLTERODINE FOR THE TREATMENT OF OVERACTIVE BLADDER

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OBJECTIVES: Overactive Bladder (OAB) is defined as urgency, with or without urge incontinence, usually with frequency and nocturia. The prevalence of OAB in Korea is increasing more than ever before. It is estimated at about 12.2% in adults aged over 18 years (men 10%, women 14.3%), and 14.9% in adults aged over 40 years (men 11.2%, women 18.4%). The study objective is to evaluate the cost-effectiveness of Solifenacin compared with Tolterodine ER for patients with overactive bladder. **METHODS:** We developed a decision-analytic model to estimate treatment patterns, resource utilization, and costs for a six-month period with a societal perspective. The clinical outcome (percentage reduction in micturition frequency) and probabilities (Patient Perception of Bladder Conditions, PPBC) for the 1st cycle were collected from the literature, and the probabilities of each node for the 2nd cycle were obtained from the literature and expert opinions through the administration of a semi-Delphi survey where necessary. The cost items were limited to drugs, monitoring, OAB induced comorbidities, physical therapies, surgery, and traveling to the hospital. **RESULTS:** The expected cost of treating OAB patients with Solifenacin (540,170 won) is 19,872 won less costly compared with Extended-release Tolterodine (560,042 won). The Solifenacin arm also showed greater effectiveness than the Tolterodine arm in percentage reduction in micturition frequency. When we conducted a sensitivity analysis on success rate (PPBC) and outcome (percentage reduction in micturition frequency), the results showed robust. **CONCLUSION:** The results from this study suggest that treatment with Solifenacin dominates Extended-release Tolterodine in terms of lower cost and greater effectiveness.

URINARY/KIDNEY—Patient Reported Outcomes

PUK21

THE IMPACT OF ICODEXTRIN ON QUALITY OF LIFE IN DIABETIC PATIENTS ON PERITONEAL DIALYSIS OVER TIME: A REGRESSION ANALYSIS

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OBJECTIVES: Icodextrin is a glucose polymer that has been used to replace traditional glucose in peritoneal dialysis (PD) solutions due to advantages such as improved ultra-filtration rates. The objective of this study was to estimate the impact of icodextrin on quality of life (QoL) in patients with diabetes using ordinary least square (OLS) regression models. **METHODS:** Data were collected from a prospective, randomized, controlled, open-label clinical trial where patients were assigned to one of two arms. One arm (GLC) only received glucose-based solutions (GBS). The other arm (ICO) also received GBS but for the long-dwell they received icodextrin instead. QoL was measured using the Spanish version of the KDQOL-SF-1.3. To be included in the analysis, patients must have completed two QoL surveys at least 90 days apart. Twenty-three out of 29 GLC and 27 out of 30 ICO patients qualified for the study. Two OLS regression models were used to estimate the impact of certain variables on the change in physical component (PCS) and mental component (MCS) scores. The dependent variables were calculated as the difference between the baseline and most recent PCS and MCS from the QoL surveys. Independent variables included a dummy variable for the study arm (1 = ICO, 0 = GLC), age, gender, and clinical variables such as urine volume and blood pressure at baseline. **RESULTS:** The regression equation for PCS had an adjusted R² of 0.335. Patients whose PD therapy included icodextrin reported significantly ($p < 0.01$) greater improvement in their PCS than those who only received GBS (5.3 points higher). The MCS equation had an adjusted R² of 0.232. There was no significant difference in MCS between the ICO and GBS group. **CONCLUSION:** The use of icodextrin in patients with diabetes on PD had better physical QoL outcomes than those who did not use icodextrin.

PUK22

AN OBSERVATIONAL STUDY ON THE HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH A NEUROGENIC OVERACTIVE BLADDER TREATED WITH TOLTERODINE ER

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OBJECTIVES: Tolterodine ER (TER) was granted reimbursement in neurogenic overactive bladder (OAB) patients by the Belgian Health Authorities in 2003 under the condition that an observational study be performed that confirms clinically significant improvements in health-related quality of life (HRQoL) in these patients. The results of the study are presented here. **METHODS:** A multicentre prospective non-interventional study was initiated in neurogenic OAB patients who discontinued